

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10252555

FILING DATE

5-17-06 8-16-08 3-19-09 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	0		1		1	
4	0		1		1	
5	0		1		1	
6	0		1		1	
7	0		1		1	
8	0		1		1	
9	0		1		1	
10	0		1		1	
11	0		1		1	
12	0		1		1	
13	0		3		1	
14	0				1	
15	0		1		1	
16	0		1		1	
17	0		1		1	
18	0		1		1	
19	0		1		1	
20	0		1		1	
21	0		1		1	
22	0		1		1	
23	0		1		1	
24	0		1		1	
25	0		1		1	
26	1				1	
27	1				1	
28	1				1	
29	0				1	
30	0				1	
31	0				1	
32	0				1	
33	0				1	
34	0				1	
35	0				1	
36	0				1	
37	0				1	
38	0				1	
39	0				1	
40	0				1	
41	0				1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50	1				1	
TOTAL IND.	3		1		4	
TOTAL DEP.	47		28		8	
TOTAL CLAIMS	280		28		12	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								1
52								1
53								1
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								